

CEMETERY AND FUNERAL PROGRAM

P. O. Box 989003 WEST SACRAMENTO, CA 95798-9003 (916) 327-3219



Application for Funeral Director's License

FEE(s): \$200.00 Application & License Fee

\$100.00 Examination Fee

\$56.00 Fingerprint Processing Fee (per set of two cards)

For Department Use Only		
Permit #:		
Receipt No.:		
Date Received:		

Read all instructions prior to completing this application. <u>All</u> questions on this application must be answered, <u>all</u> supporting documents must be submitted with this application per instructions and all fees (license application fee plus examination, fingerprint fee if appropriate) submitted as required. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

SECTION 1: Applicant Information				
Applicant's Name: Last Fin	rst	Middle		
Date of Birth: Month Day Year	Social Secu	rity Number:		
Applicant's Address: Number and Street or P. O. Box		State	Zip Code	
Applicant's Telephone Number: Area Code and Telephone number () –				
SECTION 2: Licensed Funeral Establishment Information				
Name of Main Funeral Establishment where you <u>intend</u> to be employed:				
Address of the Establishment: Street	City	State	Zip Code	
License number of the Establishment:	Mileage fro	m Main Establishment:		
Address of the Establishment 1: Street	City	State	Zip Code	
License number of the Establishment 1:	Mileage fro	m Main Establishment:		
Address of the Establishment 2: Street	City	State	Zip Code	
License number of the Establishment 2:	Mileage fro	m Main Establishment:		

SECTION 3A: Previous Funeral Director/Manager Examination Information				
Previous Funeral Director's Examination Date: Month Day Year	if	Attach proof of passing the examination and indicate the firm worked at, f employed, when you took the examination. Examination Fee		
Location:				
SECTION 3B: Examination Location				
Please indicate your choice of location for the next scheduled Funeral Director examination: Northern California Southern California				
SECTION 4: Fingerprint Cards				
Have you previously submitted fingerprint cards to the Department of Consumer Affairs, <i>Board of Funeral Directors</i> and <i>Embalmers</i> or the <i>Cemetery and Funeral Program</i> ? Yes No				
If yes, please explain for what purpose and approximate date:				
SECTION 5: Convictions				
Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? a crime? (except violations of traffic laws resulting in fines of \$499 or less) Yes No				
YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED UNDER SECTION 1203.4 OF THE PENAL CODE OR UNDER ANY OTHER PROVISION OF LAW. A SEPARATE LETTER EXPLAINING THE DETAILS OF THE OFFENSE IS ALSO REQUIRED, IN ADDITION TO CERTIFIED COURT DOCUMENTS.				
If YES, give details below:				
Violation and Location	Date	Penalty or Disposition		
SECTION 6: Signature				
I certify that I have carefully read and thoroughly understand all the requirements and that the statements made herein and all attachments are true and correct under penalty of perjury under the laws of the State of California.				
Signature		Date		

Note: All items on this application are mandatory; none is voluntary. Failure to provide any of the requested information will result in the application being considered incomplete. The information provided will be used to determine qualification for licensure, per the Business and Professions Code which authorizes the collection of this information. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Chief of the Cemetery and Funeral Program, 400 R Street, Suite 3040, Sacramento, CA 95814 (916) 322-7737 is the custodian of records.

(Rev. 6/99)